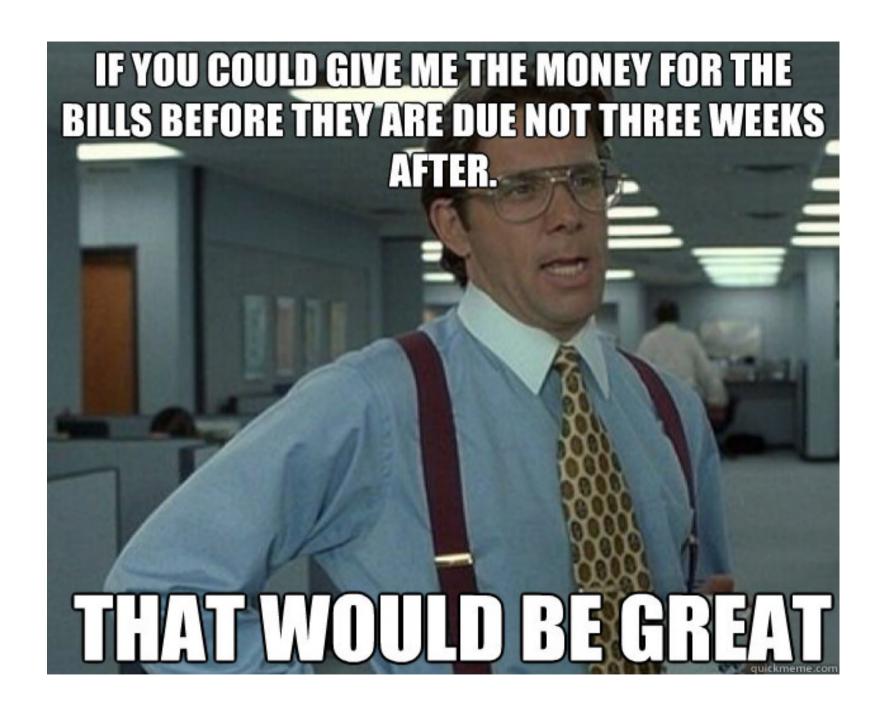


Show Me the Money! – A Journey of Discovery

Jenna Henry, PT, c/NDT — Therapy Manager, Kingwood Linda Le, MHA — Business Operations Manager, PM&R Leslie Morris, BSN, RN — Nurse Educator, Cardiology





AQI Team

AQI Team

Jenny Henry, Linda Le, Leslie Morris

AQI Coach

Katie Basta

Executive Sponsors

John Nickens & Shelley Ellison

Extended Team Members

Patient Finance/Accounts Team: Lynn Noldt, LaRisa Tweedy, Vanessa Sanchez, Juanita Floriano

Finance: Andy LeBlanc, Scott Martinez, Parth Bhateja

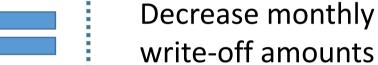
Central Scheduling: Sylvia Gutierrez, Tamika Jones, Charlotte Johnson

Background

Monthly reports suggest a large amount of denials and write-offs occurring across the organization. Data for therapy accounts showed a high frequency of denials or write-offs for no authorizations. Data also showed a large amount of accounts needing additional attention to secure approval and/or payment. Data from October 2015 through December of 2016, revealed a total loss write-off amount of \$679,736.00 between Medical Center and Kingwood locations. The total number of denials between the two locations was 2,577 out of **21,550** (11%).

Model for Improvement

Decrease unfavorable denials and maintain budgeted revenue accurately



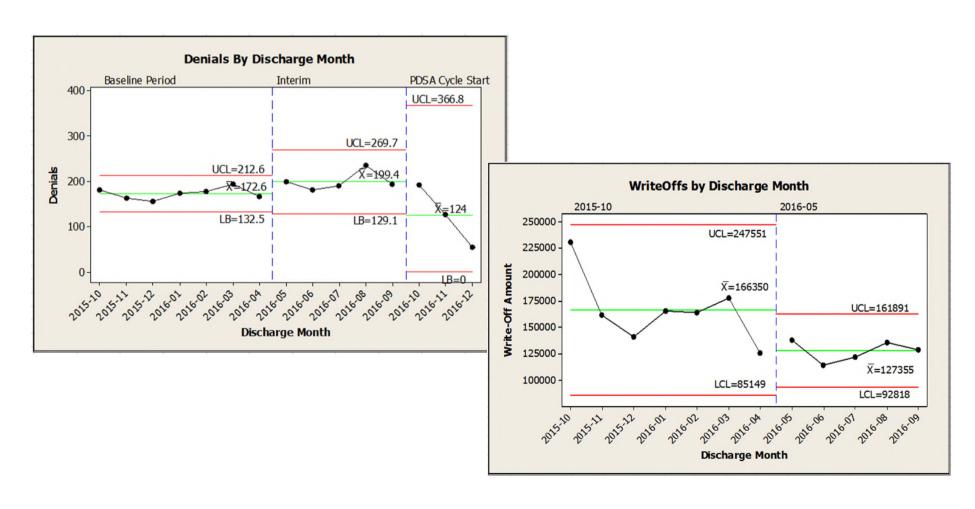
Project Aim

We will decrease denied charges by 15% or more per quarter for Medical Center and Kingwood therapies by improving the process from authorization to denial by March 2017.

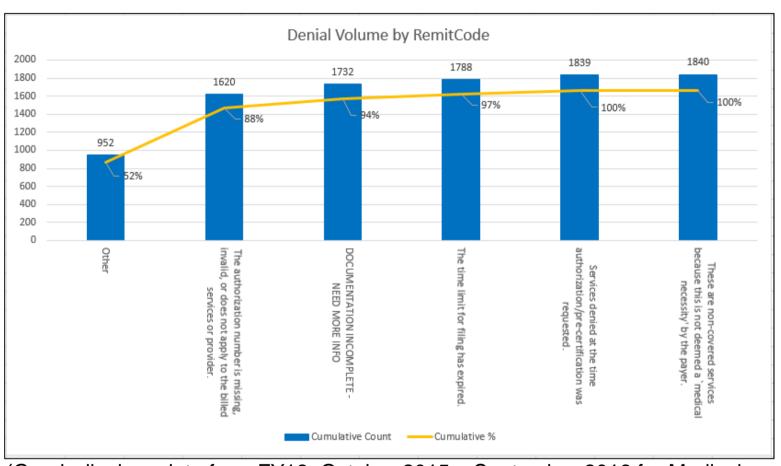


Summary Review of Evidence

The graphs below displays the amount of denials and write-offs that occurred from October 2015 – December 2016 for Medical Center and Kingwood therapy.

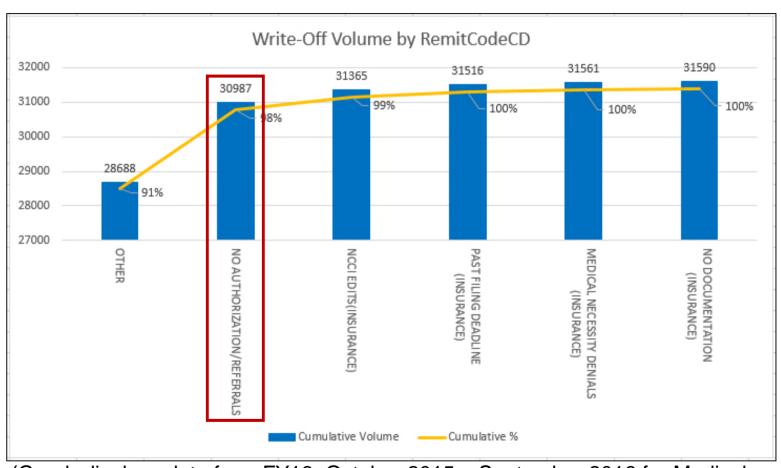


Review of Evidence - Denials



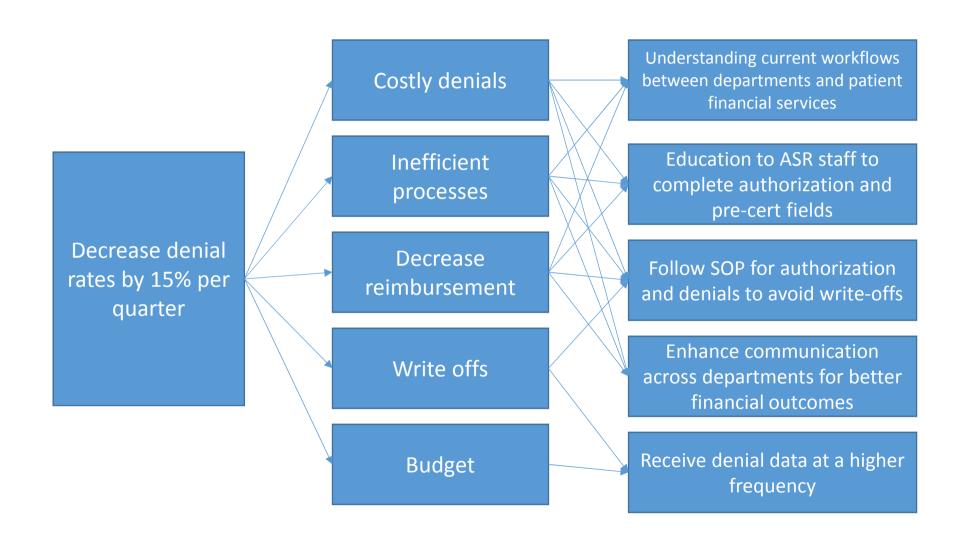
(Graph displays data from FY16: October 2015 – September 2016 for Medical Center and Kingwood Therapy)

Review of Evidence – Write-offs

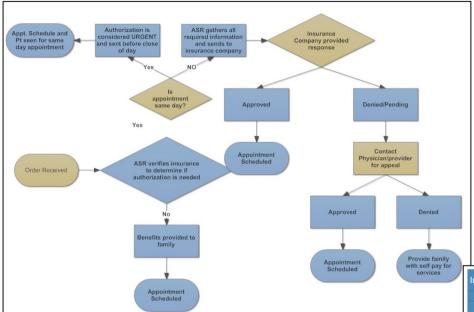


(Graph displays data from FY16: October 2015 – September 2016 for Medical Center and Kingwood Therapy)

Identify Questions and Predictions

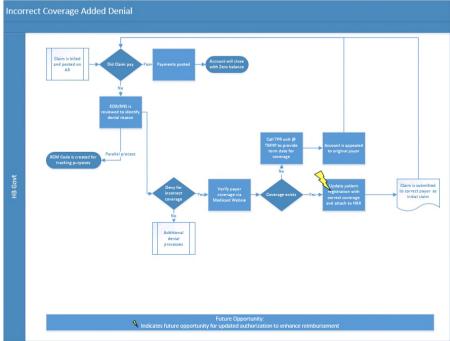


Process Work Flows



Therapy Authorization Process

Patient Accounts Work Flow



Project Metrics

Process Measures

Department workflow

Prior communication

Decrease denials and/or write-offs

Outcome Measures

Volume and dollar amount

Process improvement

Recover of claims

Balancing Measures

Additional time and effort Early indicators/leading metrics

Efficiency Measures

Account in billing cycle

Decreased TMHP turn around time

Reduction in chart authorization

Collaborate with Patient Accounts team in preparation for the transition of STAR Kids

- Receive, sort and distribute extension letters for all patients transitioning to STAR KIDS (over 150 letters).
- 3 weeks to deliver stacks of mailed letters
- Total number of patients transitioning to STAR kids
- Tracking number of visits canceled due to insurance during transition period November 2016 January 2016
- Secure authorization extensions from TMHP for patients who transitioned to STAR Kids to prevent lapse in care.

Business Operations Manager at Medical Center serves as a point of contact for all of therapy pending denials. All pending denial accounts are sent to Operations Manager for review or distribution to other leaders before being written off.

- Count number of accounts with no authorization vs. authorization
- Collect a tally of accounts as possible denial vs. number of accounts that had authorization/documentation
- 23 out of 46 accounts were recovered and billed
- Automatic Write offs
- SOP for authorization number, standardize scanning and labeling processes

TMHP portal training by TMHP representative for all therapy ASRs

- Successful transition from paper to electronic submission on the TMHP portal has been completed.
- Average turn around time has been reduced from 3 weeks for paper submissions to 1 week via the portal.
- Learning curve
- Completed after transition after STAR Kids
- Training all new employees how to use website and load appropriate NPIs into users account

Education to therapy ASR staff and management about placement/location of authorization number in EPIC registration tab allowing for the patient accounts team to easily locate when submitting the accounts for payment.

- Staff educated during staff meetings on December 20th. Immediate implementation after education
- Prevents automatic writes offs.
- Learn what patient accounts staff have access to and how we can help improve this process
- Results Pending
- Standardize placement of forms and authorizations, standard naming of documents for easier searching in the media tab

Patient accounts team working accounts within the billing cycle in order to recover authorization. If the accounts team is unable to locate the documentation/authorization forms, an email is sent to the operations manager to further investigation.

- Review write-off and denials for October 2015 to September 2016 for baseline. Then compare October 2016- December 2016
- Billing cycle is 60-90 days, there is a 15 day processing time before the bill gets sent out.
 90 days to secure payment after denial
- Results pending due to billing cycle
- Review data in March of 2017 to assess if PDSA was successful. S
- tandardize documentation of authorizations in EPIC

Lessons Learned

- Initial aim statement too broad
- Centralized vs. decentralized process
- Data reports identify the need & acquire accurate data
- STAR Kids transition
- TCHP November Provider Alert
- New CPT evaluation codes added
- Know who your extended team members should be
- Collaboration with others/cast a wide net

Next Steps

Implementation of control measures, SOPs and audits

Developing a monthly report to evaluate impact of changes

Roll out new processes across therapy services

Continue discovery phase of Cardiology

Overall Impact of Project

